

ORAL HYGIENE



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Dentinol and Pyorrhocide Method

of treatment in pyorrhea for more than eight years is based upon the definite, uniform action of DENTINOL in reducing the inflammation that signals the beginning and marks the progress of the disease.

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N.B.—If desired, we will include a copy of "The Practical Method of Successfully Treating Pyorrhea", which presents in concise form the technique employed

ORAL HYGIENE

A JOURNAL FOR DENTISTS

VOLUME V.

JULY 1915

NUMBER VII.

A SILVER LOVING CUP FOR THE DONORS OF FORSYTH INFIRMARY

In the building and endowment of the Forsyth Dental Infirmary for Children, the dental profession has received an uplift that is world wide. No one who views this institution erected for the betterment of uncounted generations of children yet unborn, can but be impressed with the unselfish character of the man who made the gift, but also the two brothers left to carry out his wishes. One of these has since passed away and there remains Thomas A. Forsyth, whose duty and pleasure it has been to add to and embellish the original plan. Today this institution stands as a permanent memorial with an endowment of two million dollars, enabling the trustees to not only conduct the work of caring for the teeth of the worthy poor, but to enter the research field and thus it is to be a beacon light and standard so long as it shall endure. The editor suggests that the dental profession secure by subscription among its members, an amount of money sufficient to purchase a beautiful loving cup, which shall be placed in the Donor's Room of the Forsyth Dental Infirmary and there remain for all time, a token of our appreciation. To properly represent the Dental profession it should have the united support and indorsement of every dental society and dental journal in the land.

Will you present this subject before the next meeting of your state society and see that it is brought before the meeting of the National Dental Association and the Panama-Pacific Dental Congress? Do not let us adjourn these meetings without taking steps that will make this presentation of a loving cup an accomplished fact. To do less will be a disgrace.

A VISIT TO THE BRIDGEPORT, CONN. SCHOOLS AND THE DENTAL PROPHYLACTIC CLINICS

The oral hygiene movement in the United States is being worked out on different lines in different centers and we are in a somewhat chaotic condition as regards uniform treatment. The work at Detroit, Mich., is largely reparative while the scheme of treatment at Bridgeport is preventive with little or no reparative work. At other points the work is intermediary, the service at the Forsyth Infirmary is largely reparative, but generously preventive, in that they are planning a great orthodontia clinic, the removal of adenoids and diseased tonsils, as well as a research department.

The work at Bridgeport is based on the deduction and observation of Dr. A. C. Fones in his private practice; an experience of twelve years in oral prophylaxis. Dr. Fones presents his objections to a reparative clinic as follows: "There are in the city of Bridgeport, with a population of 125,000, some 20,000 school children and each child has an average of six cavities in his teeth, a total of 160,000 carious teeth. Even if wholesale extraction were permitted, it would take twenty-five dentists two years to restore these mouths to a sound and beautiful condi-

tion. The city officials do not as yet, sufficiently appreciate the importance of good teeth, good health, to be willing to appropriate the amount necessary to do this reparative work. Unless followed by a definite system of prophylaxis in the schools, such work would be palliative only, in a few years an equal number of cavities would be accumulated and necessary to do this work all over again. Until greater interests in the care of the mouth is awakened among parents and children, the making of the service compulsory would cause much trouble." He concludes that it is a hopeless and endless task, for it does not stop the flood at its source, which is the first grades in the schools, but merely repairs the damages after they occur.

He presents a possible solution to this huge problem and this is by education, which means tooth brush drills, prophylactic treatments, personal instructions, illustrated lectures and printed matter for the children and their parents.

He says this effort cannot be confined to the children of the first grade, where we find the first permanent teeth just erupting; and giving them a thorough prophylactic treat-

ment four or five times during the year and educating by toothbrush drills and talks how to prevent permanent teeth decaying. After thoroughly covering the first grade pupils, this clean mouth army must advance to the second, third, fourth and fifth grades of the school, and a child having been in attendance for five years will have had his teeth polished and cleaned for this period, when all children will have clean mouths and sound teeth. It appears too good to be true, but he thoroughly believes this is possible to accomplish. We will let him explain how he expects to do this in his own language. "Now possibly some of this sounds theoretical, but let us look at some facts and figures that may prove that we are trying to be exceedingly practical. In the first round through the schools we cleaned and polished all the teeth of the children in the first grade and by working after school hours and on Saturday mornings, for many of the children in the second grade. The following table will give an idea of the general conditions

found in the mouths of the children of the first grade and part of the second grade.

"The relatively large number of cavities in the temporary teeth as against the small number in the permanent teeth will be noted. Also note the increasing numbers in the permanent teeth of the children of the second grade.

"Here is a proposition within reason. If we can have a repair clinic to fill these permanent teeth of the first grade pupils and for extractions of temporary teeth that are abscessed or need removing we can, in a comparatively short time, have a reasonably clean environment for the new permanent teeth that are erupting from six to twelve years of age. What new cavities would form in the permanent teeth in the next five years under this prophylactic care would be comparatively few in numbers, and could be easily taken care of by a small repair clinic. We would also provide for the relief of any child suffering from toothache and unable to pay for dental service.

FIRST ROUND

Total work from September 8 to December 12.

	Grade 1	Grade 2	Total
Pupils given prophylactic treatments	3,826	840	4,666
Cavities in temporary teeth.....	21,432	4,092	25,524
Cavities in permanent teeth.....	1,575	742	2,317
Children with malocclusion.....	2,697	768	3,465
Children without tooth brushes.....	3,249	566	3,815
Fistulas showing abscesses.....	508	90	598



A Basement Room

"Up to the present time Dr. R. H. W. Strang and myself have given stereopticon lectures, using the acetyline gas lanterns, to over five thousand children in the third, fourth, fifth and sixth grades. About fifty-five slides are used in this first series of lectures, the last part being a demonstration in brushing the teeth and a distribution of pamphlets containing fourteen pictures illustrating the home care of the mouth. We have designed a portable outfit that can be readily transported to and from the schools and easily put into place in a short time.

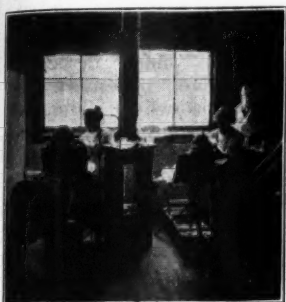
"As this educational work proceeds we will teach the children how to masticate their food, and, in teaching the proper use of the teeth, teach them the proper foods for their bodies. We believe that under such a form of education the children entering the first grade will in a few years show a much improved condition of the temporary teeth. The lessons taught to the older children

in school are taken home and should result in the parents giving more attention to mouth hygiene among the little children yet too young to enter school. A system of record charts is being kept, showing the condition of each child's mouth. Examination blanks are sent home to the parents, with printed slips stating what we are trying to accomplish and asking for their co-operation. Tooth brushes are sold to the children at cost and it has been difficult to supply the demand."

Briefly stated, he would extract temporary teeth that are abscessed, restore the permanent teeth and attend to toothaches in a reparative clinic and confine his efforts to the children of the first five school grades. These children in the first grade would receive four or more prophylactic treatments per year, tooth brush drills, personal instructions to each pupil and illustrated lectures to teachers, parents and children.



Corner of Class Room



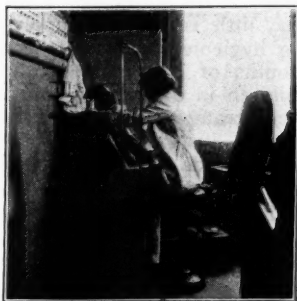
Part of Stairway Landing

The first grade pupils, in the beginning, would receive the most attention and if time permitted, the other grades would be given treatment, but so far as the grand scheme of salvation is concerned and expected permanent results at the end of the five year period, all grades above the first are out of the count. As these first grade children advance in their school work he would follow with continued instruction, prophylactic treatments and necessary repairs to permanent teeth that decayed during this five year period while under the care of the dental school clinic. At the end of this time it is expected these children will present ideal mouth conditions and with care and education as to the value of a clean mouth, they would be expected to care for their own teeth. So far as the dental clinic or the municipality was concerned, their education was finished in this branch and no further responsibility would be as-

sumed. If the child allowed his teeth to decay and the parents were not sufficiently appreciative of the services and instructions, then it would be no concern of the municipality who had performed their whole duty to the child.

Please do not overlook one fact, this service and education is given to all pupils rich and poor alike, it is a part of the school work and is in no sense a charity.

In the beginning of this free dental dispensary movement, complete treatment of each worthy applicant for free dental services was the rule but every important center is now placing restrictions on the amount of service and to whom rendered. Dr. Albin Lenhardson, Stockholm, Sweden, in a paper read before the Fourth International School Hygiene Congress at Buffalo last year, recommended the first complete treatment of a child's mouth be free and subsequent annual examinations and service rendered to be at the expense



An Unused Landing

of the child's parents. His reasons were that in the majority of cases, treatment was caused by neglect of hygienic precaution and it was the duty of the parents to instruct and admonish children in that respect. It was too much to ask the community to pay for this neglect.

In England a radical theory of extraction has recently been propounded. All teeth in a child's mouth that cannot easily be filled and those lacking antagonists to be extracted. This has met with general acceptance, the conclusions being based on weighing of the children before and after such radical cleansing of the mouth. It is claimed the child suffers less from the inability to masticate than from the septic conditions of the mouth.

The uncared for child of the poor with aching and diseased teeth bears the pain, but all of his associates, including the carefully guarded child of the rich, with ideal home surroundings must share in the morbid pathological conditions brought about by his sufferings. Thus very little is gained by applying hygienic measures to the mouths of only part of the children in a class; we must give treatment to all. This also is justice to the taxpayer. The Socialistic party is a factor to be reckoned with. In their state platform adopted at Rochester, N. Y., 1914, they demanded free dental dispensaries for all school children.

The conditions of the worthy poor in our large cities is most deplorable. They live miserably and know not why. They see their children grow up in ignorance and evil. The street is their only place of recreation and before they are able to work necessity compels them to become wage earners. They work sore and gain nothing. This is the essence of poverty.

Many believe the provisions of charity, at the present day are so generous and varied that no one need suffer. Even if this were true, it would not materially lessen the sorrows of the worthy poor. To thousands and thousands of workingmen, the dread of public pauperism is the agony of their lives; they hate charity as the devil is supposed to hate Holy water. Constantly on the brink that divides poverty from pauperism they will suffer almost anything rather than accept charity. You cannot reach these people with a free dispensary. They will have none of it.

We must make our dental dispensaries of the future more democratic. Service must be rendered to all as part of the regular school work and be more educational.

So long as the dental dispensary is a charity institution it cannot be accepted as a regular part of the school work; give treatment and instruction to all, and it is im-

mediately placed on a different plane and is received by the self respecting poor as they now accept manual training, domestic science or

gymnastics. With few exceptions this service has been accepted in the Bridgeport schools without question, by rich and poor alike.

ORGANIZATION AND PREPARATION FOR WORK

Four years ago the first efforts were made to interest the public officials of Bridgeport permitting an establishment of a dental clinic in the public schools. Those who have made a like effort know how difficult it is to gain permission to enter the schools, and slower yet is the securing of an appropriation for practical work. The details of this does not concern us; sufficient to say, \$5,000 was secured to establish a preventive dental clinic and the second year the amount had been doubled. To secure the best results with this money, Dr. Fones' plans were to employ women to do this work of preventive dentistry and an educational course to train them was an essential. In the

early fall of 1913, an effort was made to secure men of undoubted ability who would come to Bridgeport and deliver lectures before a class of women. These lecturers were to be taken down in short-hand and after returning for correction, published in book form to serve as the basis of an educational course for women who were to be known as dental hygienists. These women to fit themselves for working in private offices, schools, sanitariums or hospitals; under the supervision of a dentist, when their services were most needed. The garage connected with Dr. Fones' office was utilized and on November 17, 1913, the first lecture was given to a class of thirty-two women

APPLICATION FOR CLASS A

Date.....

Name..... Age.....

Full Address.....

.....

Year of graduation from Bridgeport High School academic course.....

State name of employer and present employment.....

.....

Give two references —.....

—.....

and continued three evenings each week until March 30.

The lectures were given by twenty men and one woman, professors at Yale, Harvard, and Columbia universities; physicians, dentists and teachers. Upon the completion of the lectures, examinations were held upon the various subjects and all but six passed above seventy per cent.* On April 8, the practical course was started; the garage being converted into an operating room. With sixteen chairs loaned by the S. S. White Company, an improvised sink, drop lights and sixteen manikins, the class was ready for personal instruction, which was divided into two sections, one for afternoon the other for evening.

After the class showed a proficiency in handling their polishers and instruments on the manikins, work was begun on the children, over five

hundred of whom were given prophylactic treatments and instruction in brushing. Following the work on the children over two hundred adults were given treatment and instruction.

Examinations were held during the progress of the seven weeks practical course. On the evening of June 5, 1914, a banquet and commencement was held in the same room. Dr. Edward S. Gaylord, New Haven, Conn., acted as the Master of ceremonies. A number of the lecturers who were present and members of the class were called upon for speeches. Several prizes donated by members of the profession awarded and each graduate given a certificate, as an indorsement of her faithful work and study. In July, 1914, another class was chosen, chiefly high school graduates and through the summer, lectures and prac-



The Lecture Room in Garage



Learning By Doing

tical training were given to this second class by Drs. R. H. W. Strang, T. A. Ganung, W. J. McLaughlin and two of the newly appointed supervisors of the work who had taken the first course. In September, when school opened, this corps of eight operators and two supervisors was ready to start work in the school buildings on the children of the first grade.

A third lecture course to provide additional dental hygienists, after a year's work in the schools had demonstrated their usefulness, was commenced April 30, 1915, and lectures given to the fifty women on Monday, Tuesday, Thursday and Friday evenings from seven-thirty to nine o'clock.

THE PROPHYLACTIC CLINIC IN OPERATION

As stated, the actual work in the schools, twenty-eight in number, commenced September 8, 1914. It has been re-

The women who have taken up this new vocation organized June 5, 1914, the Connecticut Dental Hygienists' Association, which numbers thirty-four active and twelve associate members. An elaborate constitution and by-laws have been compiled and officers elected. The object of this organization is given as follows: "To educate the public in, and to advance the cause of mouth hygiene; for the mutual improvement of its members, and to assist as far as lies within its power in the prevention of disease." An initiation fee of one dollar and annual dues of the same amount are paid by each member.

ceived most cordially by the principal and teachers. The children have taken kindly to the treatments and seem anx-

ious to secure the services of the dental hygienists who work in pairs, as a rule, two remaining in the school until all the children in the first grade are given treatments and some of the second grade also, as time and opportunity permit. The first grade pupils are treated during school hours, the second grade from three-fifteen to four-fifteen afternoons, the third grade are taken care of from nine to twelve Saturday mornings.

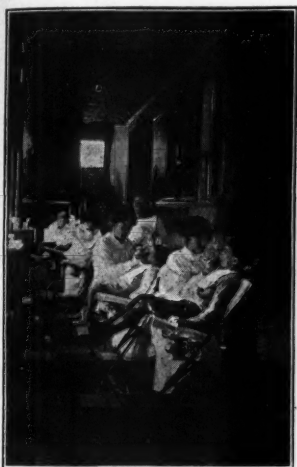
The supervisors give tooth brush drills, oversee the work, look after supplies and give class room talks to the first and second grades. Each operator is supplied with a portable chair, cabinet, stool and dental engine, besides all the necessities of sterilization in their work. The chairs are placed anywhere in the school building where they are out of the way and accessible to running water and a good

light. On stair landings where they are deep enough to give ample room for marching lines; in the basement, if it is warm and dry and sufficiently light; in the cloak rooms or in hallways as can be best arranged.

I was impressed with the interest manifested in their work by these young women and willingness to put up with meager apparatus and absence of every day conveniences. Running water is always accessible, but in some cases it is necessary to go quite a distance to the neighboring wash basin to scrub instruments or cleanse ones hands. There is no gas available in these hallways, but everything is accepted as temporary and when the work has proved itself, more elaborate quarters and equipment will be furnished. New school buildings under construction are planned to provide special quarters well



Supervisors and Staff of Dental Hygienist



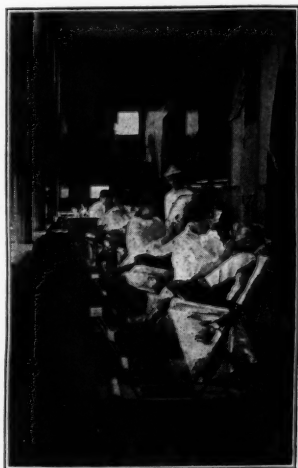
A Busy Day

adapted to the needs of this new department of school work. Two sets of instruments are used and after a thorough scrubbing with soap, they are placed in denatured alcohol for thirty minutes before using again. The young ladies provide their own instruments and white aprons, which are laundered at home.

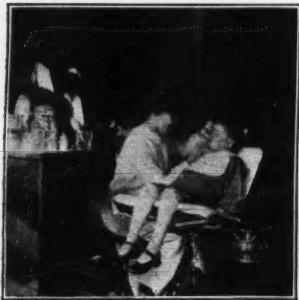
The dentist who has been accustomed to an elaborate office equipment would be surprised to see what has been accomplished with so few instruments and the simple household utensils purchased at the five and ten cent store. The instruments receive their bath in denatured alcohol in a four cent Mason fruit jar, the cotton holders are made from sample malted milk containers with the aluminum top split

to facilitate the easy removal of cotton; solidified alcohol and a small aluminum pan are used to heat water, second hand foot engines, and cabinets, put together by the school carpenter, make up the equipment. The chairs are portable and after cleaning the teeth of the children of one school they are packed in their case and the whole outfit carted to the new field of operation. These chairs are designed for adults and the small children of the first grade seated in them look about as lonesome as a fly floating around in a pan of milk, but everybody seems happy and contented and the little kiddies come with eagerness for their treatment and even make an effort to get an extra appointment.

The chairs, back and headrest are covered with white



Watersville School



In a Cloak Room

oil-cloth purchased in quantities at twenty-five cents a yard and this is cleaned with ammonia water after each patient. The head-rest as well as the bib to tie on the little patients are bound with white tape and make a very neat appearance.

The dental hygienists receive a weekly salary of \$9 the first twenty weeks which is advanced to \$10 the second twenty weeks and it is expected to pay them \$12 for the forty weeks of the second school year. The cavities found in a child's mouth are tabulated on an examination blank and it is sent home to the parents with a request that they send the child to the family dentist for necessary dental treatment. This record is copied to a permanent form, containing spaces for a period of five years and kept on file at the board of health. Treatment of eight or ten children daily is the work of each operator. The children take most kindly to the wom-

en employed to do this work. The advantage of having the clinic in their own school building is that the children accept without question the prophylactic treatment, as part of the school work. If sent to a strange school or building they would become scared and very timid. They seem firmly convinced that no harm can come to them while in their own school building and the teacher is handy to look after them. This is a great preparation for future dental reparative treatments and with the added funds for the coming year's work, it is expected to establish a central clinic for reparative treatment. If possible, women dental graduates will be secured for this work also. At present children suffering from toothache are sent to the office of a dentist in private practice who charges a moderate fee for this service to the municipality, which has not amounted to more than \$20 per month.



A Stairway Landing

TOOTH BRUSH DRILL IN THE SCHOOL ROOM

It is an inspiring sight to walk into a room filled with bright eyed and attentive children who are eager to do their part and look on this period as one of the bright spots in the school work. Previous to holding the first tooth brush drill, the parents were sent a note, explaining the importance of attention to the teeth and asked to furnish their children with a suitable brush. The supervisors hold a drill in each class room, embracing the first grades in the school at frequent intervals and a card is sent to the parents, requesting the child be permitted to bring his tooth brush to school, wrapped in paper to keep it clean.

The first order of business is inspection of the children's tooth brushes as they lay on the individual desk. The supervisors pass up the aisles and comment on the condition

of the brushes. "You don't wash yours good enough." "Pretty big brush for a little boy." "How did your brush get broken?" the supervisor asks, "Dropped on the floor," or "Mother broke brush," is given as an excuse. "Your brush must be used only by yourself. Father, mother, sister, must not use your brush. The baby must not play with your toothbrush. Nobody must use our toothbrush. After using you must clean it very thoroughly under the running water and keep in a clean place." "How many of the children have been brushing their teeth since I was last here? Hands up! Did you bring to school with you clean hands, clean teeth and faces?"

"How many times a day should we clean our teeth?" "Yes, that is right, four times a day." "And when should we clean our teeth?" "Before



Toothbrush Drill—Franklin School

breakfast, after breakfast, after dinner, before bed; two B's and two A's; B.B., A.B., A.D., B.B. Repeat with me! Before breakfast, after breakfast, after dinner, before going to bed; repeat again." "One time we must not forget to brush our teeth; this is very, very important to remember; can you tell me when this is?" "Why need we use our brush?" asks the supervisor, "Cause you eat your dinner, breakfast and supper." "Don't smell and taste nice," are some of the replies. "What makes mother's plates dirty?" "Be-

cause we ate our breakfast and dinner on them." "Yes, that's right." Did your teeth get dirty, too?" "Mother washed her plates, but did not wash your teeth? If we allow our dinner or breakfast to remain on our teeth, it smells bad and decays and causes our breath to smell badly."

"Why do our teeth decay?" Bad food — big holes, — germs, etc., are some of the replies. "Did everybody bring their toothbrush this afternoon? This boy wants to buy a new toothbrush. Isn't that fine." "One boy

TO THE PARENTS:—

Will you please permit your child to bring his or her toothbrush to school to-morrow morning as we desire to have a tooth-brush drill. Kindly see that the brush is wrapped in a piece of clean paper and when brought home thoroughly washed under the faucet.

DENTAL SUPERVISOR.

has worn his toothbrush all to pieces cleaning his teeth with it, and he has his five cents for a nice, new clean brush; anybody else want to buy a new brush? This little girl says her father has some money and she will buy a brush next time." "Now every boy and girl attention, ready! Hold your brush in your right hand, so." As the supervisor stands facing the pupils, she holds her brush in the left hand so that it will be on the same side as the children's right. "Children, what kind of things are we going to make on our teeth?

Ovals! that's right; great big ovals. Up straight like soldiers" The assistant supervisor goes along the aisle and assists the children to hold their brush in a correct position.

"All ready children? Window side; 1-2-3-4-5-6-7-8-9-10. Blackboard side; 1-2-3-4-5-6-7-8-9-10. I notice two children brushing a hole in their mouth!" "Hold your brush this way. Ready! Up stairs; 1-2-3-4-5-6-7-8-9-10. Down stairs; 1-2-3-4-5-6-7-8-9-10. Where you bite: Ready! 1-2-3-4-5-6-7-8-9-10. Going up stairs again, inside:

Ready! 1-2-3-4-5-6-7-8-9-10. Left side: Ready! 1-2-3-4-5-6-7-8-9-10. Down stairs: Ready! 1-2-3-4-5-6-7-8-9-10. Elbows up! Inside lower teeth: Ready 1-2-3-4-5-6-7-8-9-10." The drill is given here only in part and in conjunction with the talk on personal cleanliness and mouth hygiene, occupies about fifteen minutes.

"Now we will collect the brushes and clean them and when you get your brush back I will pass some nice clean paper and you can fold them up neatly so that it will keep clean and when you get

home hang it on a nail in a clean place and wash it very clean every time you use it. I notice that a few of the children have not used their brush as often as they should and this makes me feel very bad."

"Now there are five clean things we must do Do you remember what they are? 1 Clean hands. 2 Clean face. 3 Clean teeth. 4 C-l-e-a-n brush. 5 C-l-e-a-n place to keep the brush. Five clean things. Say altogether with me. C-l-e-a-n hands; C-l-e-a-n face; C-l-e-a-n teeth; C-l-e-a-n brush; C-l-e-a-n

Will you kindly let.....

come to school to-morrow morning at nine o'clock to haveteeth cleaned? As soon as the cleaning is finished may go home.

DENTAL SUPERVISOR.

place to keep the brush."

The brushes having been taken up and placed in a tray with holes for holding in the same relative positions as the seats; are returned without confusion; the children proceed to wrap them in squares of paper that are passed around. The brushes vary in size and quality as the children are allowed to purchase them anywhere. I would criticize even those supplied by the school as being to large and clumsy for the use of children.

"Now children, vacation time is coming and it will be

a long, long time before I can come and see you again. How many of the children will be sure to clean their teeth every day during vacation? Hold up your hands. Everyone! That makes me very happy. Now, there is one time you must not forget; can you tell me? We mustn't forget before we go to bed?" Thus the children are encouraged and praised, but never reprimanded. The pictures will tell you better than words of their interest in this part of the school work.

The following report covers many things I have not men-

tioned and is here given to lines of activities not chron-
place you in touch with other iced.

REPORT OF DENTAL COMMITTEE

To the Bridgeport Board of Health.

Gentlemen:—

The dental committee begs to submit the following report for the month of April 12 to April 30.

	Grade 1	Grade 2	Grade 3	Totals
Number of pupils given prophylactic treatments	770	485	23	1,278
Number of cavities found in temporary teeth....	4,566	2,762	83	7,411
Number of cavities found in permanent teeth....	285	421	38	744
Number of cases of malocclusion	691	452	21	1,164
Number of pupils without tooth brushes	83	101	1	185
Number of fistulas showing abscesses	96	52	2	150

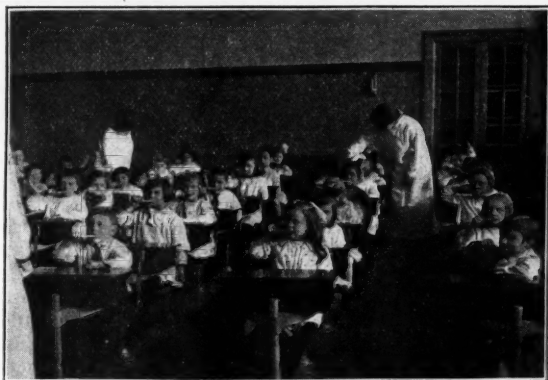
The supervisors gave tooth brush drills to 878 children.

It may be of interest to the Board of Health to know what has been accomplished with the \$5,000 appropriated for over the period from September 8, 1914 to the end of the financial year, April 1, 1915.

Aside from the purchase of equipments for the hygienists which included portable chairs, cabinets, stools, dental engines and all supplies, 6,218 individual children have been examined and given prophylactic treatments. The total number of treatments given to children amounted to 11,287. Over 10,000 tooth brushes have been sold or given to the children. To those who were too poor to purchase, brushes have been given. At the beginning of our work in September nearly eighty-five per-

cent. of the children in the lower grades were without tooth brushes. At the present time practically all the children have tooth brushes, and from our reports it is estimated that less than ten percent. fail to use them. Quite a large number of children have been relieved of toothache at a central clinic so that no child need suffer pain caused by defective teeth for any length of time. Many of the children have had their mouths put in order by various dentists in the city, showing an increased interest in sound teeth on the part of the children as well as the parents.

It is still our regret that a little more money is not available for our work during the coming year that we may do



A Good View of the Children

some reparative work on the permanent teeth of the children of the first and second grades. This service is very much needed and we hope that the money may be found to permit us to do this work. Lectures have been given in all the schools to children of the third, fourth and fifth grades and in some of them to those of the higher grades, by Dr. R. H. W. Strang and A. C. Fones. These lectures necessitated the purchase of lanterns, portable screens, acetylin tanks, curtains, slides etc. A complete set of files of the records of each child is being kept so that we may know of the improvement of the mouth conditions from year to year. Examination charts are sent home every eight to ten weeks to the parents showing the condition of the children's mouths. Over ten thousand pamphlets giving instructions in brushing and the care of the mouth

have been distributed. In order to secure the co-operation of the parents and that they may have a fuller realization of the work in the schools, other pamphlets illustrate the work of the dental clinic in our schools to the number of nearly eight thousand have been distributed.

An extra educational course has been arranged for the training of an additional corps of hygienists to enter the schools in September, 1915. As the preventive clinic involves the children in our public schools we felt that those eligible for training and appointment as hygienists should be Bridgeport women and scholars from our schools. This necessitated some additional requirement and we believed that the young women graduating from our high schools should have the first chance at such training and appointments. A class of ten young women

TO THE PARENTS:—

The Bridgeport Board of Health is making an effort through its Dental Committee to lessen the infectious and contagious diseases, such as diphtheria, scarlet fever, measles, whooping cough, etc., among the children in our public schools by establishing clean mouths and sound teeth. Will you help us? Kindly see that your child or children each possess a tooth brush and use it after each meal. We will teach them in school the proper way of using it. Also take them to a dentist and have any decayed teeth filled. We will try to prevent future decay if their teeth are once put in order. A limited number of tooth brushes will be furnished to the children in the first and second grades at cost, five cents each. Enclosed you will find a chart showing the general condition of your child's mouth on the date indicated.

with such qualifications have been chosen and the course opened Friday evening, April 30, at 1375 Main street. As the conducting of such a course involves considerable expense, two additional classes for the education of women as dental prophylactic operators have been added. Our object in doing this has

been to make the course pay for itself without using any of the funds of the city appropriated for our school work. A schedule of the lectures which shows the outline of the course is here

Respectfully submitted,

F. W. STEVENS,
R. H. W. STRANG,
W. J. McLAUGHLIN,
T. A. GANUNG,
A. C. FONES, Chairman.

April 1, 1915.



Hold Your Brush This Way; Ready!

FAREWELL AMOEBA

REA P. McGEE, M.D., D.D.S., Denver, Colorado

This is certainly entertaining and you can take it seriously or otherwise. Illustrations are by the author and each one drawn by hand in real India ink.

Some three thousand years ago Mr. Aeneas, of Troy, accompanied by a few true friends, settled upon the ruins of an old Etruscan city in Italy. They went into the real estate business, and presently they had a flourishing young village known as Rome. The town more than equalled their expectations.



The Etruscans who preceded the Romans suffered from *Pyorrhea Alveolaris*. We know this because the Museum at the Vatican contains pyorrheal teeth firmly fastened in gold retainers that were dug up during the

archeological excavations upon the site of Etruria.

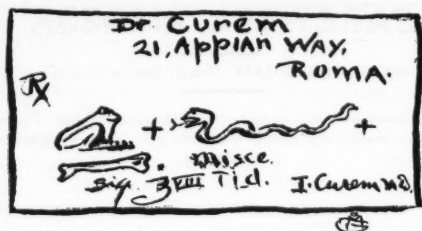
There being no newspapers and magazines in those days, the sure cures for pyorrhea were not so well known as now. Consequently, it would be reasonable to suppose that the Romans may also have had a touch of Rigg's disease. In fact, from the whispers we have heard the Romans had a touch of almost every disease in the calendar. Those old fellows were great on cures.

They used charms, drugs, toads, snakes, blood bones, and everything else they could think of to make specifics.*

One of their sure cures for pyorrhea was to lie in the grass at sunrise and bite a spreading adder in the face, before he could bite you. If you tried and failed you never suffered from pyorrhea again.

Another method was to drink the blood of a virgin who had been killed in a cemetery at midnight. The midnight and the cemetery were easy to find but the rest of the prescription could not be filled in Rome.

**Ancient Pharmacy and Medicine.*



As time went on other sure cures could be found.

Every disease known to man had its death knell sounded many times.

The peculiar thing about it is that the disease is with us long after the cure has been forgotten. Like Simmond's hardware.

We have had so many cures for pyorrhea that the mere mention of another makes us sick at the stomach.

Hark! We have a clue. Another discovery is being hatched—the power of scientific deduction is coming into play.

Now, get the connection—pyorrhea — nausea — tartar emetic — emetine. You guessed it. Emetine does the business.

Formerly we read in our scientific books, attended colleges, listened to discussions in dental associations, or looked into our journals to get technical information. Now, all is changed. To keep

up with the times, a Sunday newspaper, with an occasional ten cent magazine, is all that is necessary.

How do these alleged medical writers in the public prints get away with it? Some day the lunacy commission will catch them.

How does it come that these self appointed interpreters of medicine have suddenly become dental experts as well?

Is it not rather surprising that after our long struggle to educate the public in regard to the mouth, we now wake up to the assertion that their medical friends have discovered the cure for pyorrhea?

Is it not strange that the amoeba of dysentery will not produce dysentery? Its foster father and discoverer says it is perfectly harmless.

Is it not also strange that this amoeba, present in pyorrhea, along with streptococcus, staphylococcus, pyo-



genes, aureus, pneumococcus, and a few others can be destroyed by hypodermic injections of emetine hydrochloride in the arm, and in spite of quantities of tartar, decomposing mucous and food, can by its simple demise effect a cure?

The amoeba of dysentery alone will not produce pyorrhea any more than it will produce dysentery. So far as we can discover, he is simply the innocent by-stander, and the innocent by-stander is always the one who gets shot.

Since our patients send us clippings, and insist on emetine, we may as well humor them. It is harmless, and maybe their faith, with good local treatments and proper care of the gums afterward will result in a cure. At least the proper local treatments and the after care will help. And if we get good results what difference will it make?

Possibly the emetine-hydrochloride may be drops from the fountain of youth after all.

VENI ! VIDI ! VICI !



REPORT OF JOINT TABULATING COMMITTEE

THE NATIONAL ASSOCIATION OF DENTAL FACULTIES

31st Annual Meeting, Buffalo, N. Y., Jan. 26, 1914

RESULTS OF TABULATING STATE BOARD REPORTS FOR GRADUATES, YEAR 1913.		Total No. of Graduates	Total No. Examined	Examined Passed	Examined Failed	Percentage of Failures	No. States Exam. in
State	College						
Ala.	*Birmingham Dental College.....	7	7	7	..	..	1
Cal.	†Univ. of Cal. Col. of Dentistry.....	20	..	..	..	..	..
	*Col. P. & S. Dental Dept.....	27	..	..	..	..	..
	*Univ. of So. Cal. Col. of Dentistry.....	33	1	1	..	..	1
Colo.	*Colo. Col. Dental Surgery.....	33	31	29	2	6.4	1
D. C.	*Howard Univ. Dental School.....	21	6	6	..	..	5
	Georgetown Univ. Dental Dept.....	37	24	21	3	12.5	6
	G. Washington Univ. Dept. of Dentistry.....	13	13	12	1	7.6	2
Ga.	*Southern Dental College.....	34	31	26	5	16.1	5
	*Atlanta Dental College.....	65	63	54	9	14.2	10
	?So. Eastern Dental Univ.....	2	2	..	2	100	2
Ill.	*Chicago Col. Dental Surgery.....	119	96	85	11	11.5	11
	*No. West. Univ. Dental School.....	116	85	73	12	14.1	15
	Univ. Ill. Col. of Dentistry.....	..	..	..	..	..	..
Ind.	*Indiana Dental College.....	33	32	29	3	9.3	4
Iowa	†Univ. Iowa College of Dentistry.....	31	27	26	1	3.7	2
	?Drake Univ. Col. of Dentistry.....	16	14	14	..	..	1
Ky.	*Louisville Col. of Dentistry.....	32	30	28	2	6.6	7
La.	La. State College of Dental Surgery.....	..	9	..	..	..	2
Md.	*Tulane Univ. Dental Dept.....	13	..	9	..	..	..
	*Balto. Col. Dental Surgery.....	47	24	20	4	16.6	10
	*Univ. Md. Dental Dept.....	61	48	34	14	29.1	13
	Balto. Med. Col. Dental Dept.....	18	16	12	4	25	7
Mass.	*Tufts Col. Dental School.....	77	53	52	1	1.8	3
	†Harvard Univ. Dental School.....	46	27	23	4	14.8	2
Mich.	†Univ. Mich. Col. Dental Surgery.....	68	60	60	..	..	4
Minn.	†Univ. Minn. Col. of Dentistry.....	61	56	45	11	19.6	2
Mo.	*Kansas City Dental College.....	44	42	38	4	9.5	4
	Washington Univ. Dental Dept.....	19	19	19	..	..	5
	*Western Dental College.....	30	28	24	4	14.2	9
	St. Louis Univ. School of Dentistry.....	43	36	36	..	..	3
	*National Univ. Arts and Sciences Dental Dept.....	7	6	5	1	16.6	2
Nebr.	*Univ. of Nebr., Lincoln Dental College.....	6	6	6	..	..	1
	Creighton Univ. Col. of Dentistry.....	29	29	18	11	37.9	1
N. Y.	*New York College Dentistry.....	121	108	70	38	35.1	2
	*Univ. Buffalo Dental Dept.....	26	24	20	4	16.6	1
	*Col. of Dentistry and Oral Surgery of N. Y.....	50	47	29	18	38.2	1
Ohio	*Ohio Col. Dental Surgery.....	42	29	25	4	13.7	5
	*W. Reserve Univ. School of Dentistry.....	24	22	19	3	13.6	2
	*Cin. Col. Dental Surgery.....	18	17	14	3	17.6	2
Ore.	Starling-Ohio Med. Col. Dept. of Dentistry.....	37	35	33	2	5.7	1
Penna.	*No. Pacific Col. of Dentistry.....	49	32	30	2	6.2	3
	*Phila. Dental College.....	48	24	22	2	8.3	5
	*Univ. of Pittsburgh School of Dentistry.....	42	41	38	3	7.3	3
	†Univ. of Penna. School of Dentistry.....	148	80	58	22	27.5	6
	*Med-Chi. Col. Dept. of Dentistry.....	38	23	18	5	21.7	3
Tenn.	*Vanderbilt Univ. Dept. of Dentistry.....	38	37	35	2	5.6	7
	*Univ. Tenn. Dental Dept.....	13	11	11	..	..	2
	*Meharry Dental College.....	24	23	15	8	34.7	9
	Univ. W. Tenn. Col. Dental Surgery.....	..	..	..	..	..	..
Texas	State Dental College.....	20	9	7	2	22.2	1
	Texas Dental College.....	22	13	11	2	15.3	1
Va.	Univ. Col. Med. Dental Dept.....	8	7	6	1	14.2	2
	††Med. Col. Va. School Dept. Dentistry.....	12	11	5	6	54.5	2
Wisc.	*Marquette Univ. Dept. Dentistry.....	34	33	32	1	3	2
	Col. P. and S. Dept. Dentistry.....	..	..	..	..	..	..
		2022	1547	1310	237	15.3	

Number of State Board reports received.....

Number of State Board reports tabulated..... 40

Total number of applicants examined and passed..... 1310

Total number of applicants examined and failed..... 237

percentage of failures..... 15.3

*Member National Association of Dental Faculties.

†Member Dental Faculties Association of American Universities.

††Consolidated with University of Iowa Dental Department.

??Discontinued, 1913.

CUMULATIVE RESULTS OF TABULATING STATE BOARD
REPORTS FOR GRADUATES, YEARS 1910-11-12-13

		Total No. of Graduates	Total No. Examined	Examined Passed	Examined Failed	Percentage of Failures
State	College					
Ala.	Birmingham Dental College.....	35	31	27	4	12.9
Cal.	Univ. Cal. Col. of Dentistry.....	61	1	1	..	..
	Col. P. and S. Dental Dept.....	80	..	..	..	..
	Univ. So. Cal. Col. of Dentistry.....	108	2	2	..	..
Colo.	Colorado Col. Dental Surgery.....	105	99	96	3	3
D. C.	Howard Univ. Dental School.....	85	32	27	5	15.6
	Georgetown Univ. Dental Dept.....	99	73	65	8	10.9
	George Washington Univ. Dept. of Dentistry.....	31	28	27	1	3.5
Ga.	Southern Dental College.....	168	155	129	26	16.7
	Atlanta Dental College.....	226	217	172	45	20.7
	*So. Eastern Dental Univ.....	2	2	..	2	100
Ill.	Chicago College of Dental Surgery.....	406	322	277	45	13.9
	No. Western Univ. Dental School.....	410	316	279	37	11.7
	Univ. Ill. College of Dentistry.....	105	92	74	18	19.5
Ind.	Indiana Dental College.....	161	155	145	10	6.4
Iowa	Univ. Iowa College of Dentistry.....	154	145	139	6	4.1
	Drake Univ. College of Dentistry.....	32	29	29	..	..
Ky.	Louisville College of Dentistry.....	142	121	108	13	10.7
La.	Louisiana State College of Dental Surgery.....	6	..	..	..	..
	Tulane Univ. Dental Dept.....	89	63	55	8	12.6
Md.	Baltimore College Dental Surgery.....	196	115	84	31	26.9
	Univ. Maryland Dental Dept.....	217	158	105	53	33.5
	Baltimore Medical College Dental Dept.....	83	63	43	20	31.7
Mass.	Tufts Col. Dental School.....	227	184	175	9	4.8
	Harvard Univ. Dental School.....	110	70	61	9	12.8
Mich.	Univ. Mich. Col. Dental Surgery.....	258	225	219	6	2.6
Minn.	Univ. Minn. Col. Dentistry.....	213	197	172	25	12.6
Mo.	Kansas City Dental College.....	154	127	116	11	8.6
	Washington Univ. Dental Dept.....	97	87	85	2	2.2
	Western Dental College.....	153	123	112	11	8.9
	St. Louis Univ. School Dentistry.....	126	109	106	3	2.7
	National Univ. Arts and Sciences School of Dentistry.....	40	34	27	7	20.5
Nebr.	Univ. of Nebr. Lincoln Dental College.....	36	34	34	..	..
	Creighton Univ. College of Dentistry.....	87	85	73	12	14.1
N. Y.	New York College of Dentistry.....	335	282	207	75	26.5
	Univ. of Buffalo Dental Dept.....	102	93	71	22	23.6
	Col. Dental and Oral Surgery of N. Y.....	154	145	96	49	33.7
Ohio	Ohio College Dental Surgery.....	137	117	99	18	15.3
	W. Reserve Univ. School of Dentistry.....	95	92	80	12	13
	Cincinnati College Dental Surgery.....	51	44	34	10	22.7
	Starling-Ohio Med. Col. Dept. of Dentistry.....	143	138	134	4	2.8
Ore.	No. Pacific Col. of Dentistry.....	147	106	95	11	10.3
Penna.	Philadelphia Dental College.....	160	89	71	18	20.2
	Univ. of Pittsburgh School of Dentistry.....	146	143	135	8	5.5
	Univ. Penna. School of Dentistry.....	588	302	256	46	15.2
	Med-Chi. Col. Dept. of Dentistry.....	177	122	90	32	26.2
Tenn.	Vanderbilt Univ. Dept. Dentistry.....	143	135	126	9	6.6
	Univ. Tenn. Dental Dept.....	44	41	41	..	..
	Univ. of Memphis Dental Dept.....	5	4	4	..	..
	Meharry Dental College.....	93	82	59	23	28
	Univ. W. Tenn. College Dental Surgery.....	3	1	1	..	..
Texas	State Dental College.....	63	37	28	9	24.3
	Texas Dental College.....	55	41	33	8	19.5
Va.	Univ. Col. Med. Dept. Dentistry.....	32	30	23	7	23.3
	†Med. Col. Va. School Dept. Dentistry.....	30	27	18	9	33.3
Wis.	Marquette Univ. Dept. Dentistry.....	134	130	117	13	10
	Wis. Col. P. and S. Dept. Dentistry.....	17	17	15	2	11.7
Canada	Royal Col. Dental Surgery, Ontario.....	182	..	..	..	..
	Laval Univ. School of Dentistry.....	68	..	..	..	..
	McGill Univ. Dept. Dentistry.....	10	..	..	..	..
	Dalhousie Univ. Faculty Dept. Dentistry.....	4	..	..	..	..
		7620	5712	4897	815	14.2

*Prior to consolidation.

†Discontinued.

SUMMARY

Number of State Board reports received.....	165
Number of State Board reports tabulated.....	163
Total number of applicants examined and passed.....	4897
Total number of applicants examined and failed.....	815
Percentage of failures.....	14.2

The result of examinations in fall are included in this report and will explain an apparent discrepancy that would appear in adding the current year results to the previous cumulative report.

A REPLY TO DR. LINDSAY'S CRITIQUE ON EMETINE HYDROCHLORIDE

R. H. BUTTNER, D.D.S., Culver, Ind.

The author has used emetine in his practice most successfully and resents the placing of firms who advertise their products in this magazine as fraudulent or intending to deceive. I do not think any number of our readers believed this to be true. The publishers refuse thousands of dollars of questionable advertising matter each year. This is with no desire to pose as philanthropists, but a hard headed business policy.

Dr. Lindsay begins his article by stating that numerous members of the profession shouted—Eureka! and commenced using the drug with sadly disappointing effects. No doubt the users of emetine hydrochloride can say the same thing about all other methods used. He states that being skeptical he refused to accept these wonderful stories as true, which is all very good; but when such men as Barrett, Smith, Bass and Johns endorse a treatment that has gone through the rigid test which ipecac has we cannot but listen to them.

The writer's assertion that anyone can cure pyorrhea by scaling if he possesses the proper instruments and skill and as long as two-thirds of the alveolar process has not been destroyed, is an erroneous one in-so-far as permanent cure is concerned. The removal of serumnal calculus does not stop its re-deposition on the tooth. Even cases treated by men of national reputation as pyorrhea specialists have not resulted

in cures. If we can cure by methods heretofore in vogue why should we seek new cures? To support my contention I refer the doubtful to the chapter on "Treatment," page 300 of "Interstitial Gingivitis and Pyorrhea Alveolaris," written by Eugene S. Talbot, a recent publication. We cannot turn the words of this man aside without giving them serious thought as he ranks well towards the head of the list of authorities on this subject. He terms the present day treatments unsatisfactory and admonishes us to promise no cures. This book was written before the advent of emetine hydrochloride, as a remedial measure for pyorrhea.

Dr. Lindsay appears radical in his remarks. I cannot explain how a man of good professional standing can with justice give vent to some of the statements he is guilty of. In the first place the emetine treatment is too young to either accept or condemn, it is probable that its correct use has not yet

been mastered. Nevertheless we do know (those of us who have used it conscientiously), that we can stop bleeding, pus-discharge etc., and every other symptom of pyorrhea by the correct use of emetine. In his paper he does not mention one instance of his having tried the drug himself, but readily accepts the word of others, and cites one case of failure, namely, that in which a physician referred him a case, which had been previously treated by emetine with very unsatisfactory results, for the simple reason that the operator not only lacked the skill to remove the deposits from the surface of the roots beneath the margin of the gums, but had neglected to thoroughly clean the portion of the teeth that were fully exposed to view:—which are poor reasons to condemn a treatment for. Dentists who have used emetine with success do not accept such cases as criterions. The fact of the matter is that we do not have true pyorrhea where we do not have amoeba, and if amoeba are always present in all true cases of pyorrhea the elimination of them ought to call for the use of this drug. His assertion that the amoeba are harmless parasites abounding in the mouth, is too ludicrous to bring forth any comment. I wonder what the learned men of medicine and dentistry who have experimented with the amoeba and know all about

it, feel about such a statement?

His paragraph pertaining to an irritant at gum margin being the inducing factor is the only sane one in the entire article, although here he contradicts himself when he says that these irritants induce hyperaemia etc., resulting in reduced vitality and lowered resistance in the tissues of the part, allowing infection by pathogenic bacteria always found in the mouth and without which the disease would not occur; then he enumerates the several bacteria but makes no mention of the *entamoeba buccalis*, if he would look for them he undoubtedly would find them, also. The germs he mentions abound more when pus is present, or in mixed infections, and we know that we have mixed infections to contend with in pyorrhea; yet, pus or no pus, the *entamoeba* can be found in all true cases of pyorrhea *alveolaris*. We also know that when we get rid of the amoeba we incidentally eradicate all the symptoms of the disease, such as soreness, bleeding, inflammation, flabby gingiva and loose teeth, which according to my view is one-half the battle won; then, if you deem it expedient you can follow up your treatment with the Dunlop or in conjunction with other methods, but I feel sure that the practitioner who employs emetine with the proper technic will secure better and more lasting results.

In still another paragraph

he quotes: "Nowhere have I encountered an advocate so bold as to recommend that we rely solely on the drug alone, yet why should we resort to surgical procedure if emetine is a cure for the disease." The disease being induced by an irritant we should remove the irritant, but in the largest percent of cases this irritant is one that although we can remove it, it may, if it is a deposit, occur again.

It is not my purpose to claim ipecac as the "sine qua non" of pyorrhea as much as it is to reason that with the correct employment of it accompanied by appropriate surgical procedure we can eradicate the disease and its ravages in a quicker and more satisfactory manner than by methods heretofore employed. This reason alone

would justify its use in preference to other methods.

How the author of the article can find a basis of attack on the reliable firms advertising their products in Oral Hygiene, accusing them of fraudulent advertising, is more than I can fathom. These firms enjoy a high reputation as to purity of drugs and honesty of purpose; I am positive they would recommend nothing that had not been previously investigated and removed of every vestige of doubt.

As far as I am personally concerned I have great faith in emetine preparations and have many hopes for them in the future. I can truthfully say that I have found it preferable to all other methods I have used and shall continue using it.

MORE ABOUT THE EMETINE TREATMENT FOR PYORRHEA

JAMES VINCENT SPARKS, D.D.S., Indianapolis, Ind.

Here's another dentist who believes in emetine and is after Dr. George R. Lindsay good and plenty. We want both sides, and this is your magazine, so go to it. On this subject and every other the editor is neutral.

Probably no new theory that contemplates a radical departure from old and established ideas or methods has ever been presented to the dental or medical profession without bringing forth the usual crop of skeptics and scoffers. History is repeating itself at the present time

and just as vaccination and diphtherietic antitoxin met with the strenuous condemnation of many whose professional standing was seemingly unquestionable, the treatment of pyorrhea by the employment of emetine or ipecac is having the same experience.

"None are so blind as those

who will not see," and while it is entirely commendable for the dental profession to hold fast to that which is tried and proven, and to accept new theories and discoveries slowly, yet in the case of the emetine treatment it does certainly seem to me that the results so far secured are such as to warrant the belief that if in this remedy we do not have an absolute specific, we at least have an agent that will materially assist us in curing pyorrhea, if indeed a radical cure is possible; and moreover, the treatment is both logical and rational.

Dr. Geo. R. Lindsay, in the May issue of "*Oral Hygiene*," in denouncing the emetine treatment as "a delusion and a snare," has exhibited such a spirit of pessimism that one would quite naturally conclude that he has either not given this treatment a fair trial, his technique has been faulty, or that perhaps he is one of the many "pyorrhea specialists" who are observing the wonderful results obtained by emetine through clouded glasses, fearing that it will eliminate a lucrative practice in this special line of work, and that "the wish is father to the thought." We can well understand why a pyorrhea specialist should "view with alarm" any simple treatment, be it rational or empirical, that is as easy to administer as the emetine treatment and which accomplishes its results so rapidly.

It is true that the emetine

treatment is comparatively new, and it may be possible that many of the claims now made in its favor will be discredited when the further light of scientific research is turned upon it and sufficient time has elapsed to determine its final results. But, when we are confronted with cold indisputable facts it does seem to me that it should require more than an array of glittering generalities to successfully dispute them. Dr. Lindsay is far from being specific in his condemnation of this agent, and one might reasonably assume from his article that he has never tried the treatment, for his conclusions seem to have been reached from "diligent inquiry among those who have used it," etc.

Within the past six months of my practice, I have had the opportunity of treating fifteen cases of pyorrhea in various stages of advancement, and with a single exception—which case is still under observation and treatment—the results in each case were practically identical.

At first I tried the treatment advocated by Dr. Barrett, but afterwards because of my patients' objections to the hypodermic needle and to some irritation of the gums caused by the number and frequency of the injections, I began using Alcresta Ipecac Tablets, in conjunction with only a few topical injections of a 0.5 per cent. solution, and I find this treatment to be much more satisfactory and

more rapid than the other. After thirty-six to forty-eight hours following this treatment, the hyperemia and irritation of the gums disappear, or begin to disappear, and the gums assume a healthy, pink color, the discharge of pus is changed in character, and as treatment continues the teeth become firmer and the pus pockets heal; and among all the cases treated, that I have had a chance to observe, there are no signs of a recurrence. It is needless for me to say that the usual operative measures, i. e., scaling and polishing the teeth were employed in each case.

The above results may not constitute a cure, but I submit to any unbiased mind that it is about all one could hope for by any treatment. If it is not a cure, will Dr. Lindsay tell us what does constitute a cure? Certainly he could not expect the restoration of destroyed periodontal membranes by this or by any other treatment.

There is probably room for honest differences of opinion as to the etiology of pyorrhea, but the following facts can be clearly demonstrated.

1st. In every pyorrheal pocket active motile endamebas are found.

2nd. A microscope of ordinary power is all that is necessary to show the presence of endamebas in pyorrhea pockets.

3rd. These protozoans are found in the greatest number at the deepest point of the pocket—that is, where the periodontal membrane is being gradually destroyed.

4th. Emetine or ipecac are amebicidal agents of known value.

5th. After administering emetine or Alcresta Ipecac tablets for a few days, slides made from scraping from the pockets or from the discharge and examined under the microscope will show no endamebas present.

6th. Coincident with the disappearance of the endamebas in the pyorrheal pockets, further tissue destruction is stopped and the lesions rapidly heal.

If endamebas do not cause pyorrhea, why do the pockets and lesions heal when the endamebas are destroyed?

In conclusion, let me say that the treatment I am now using looks very good to me, and instead of being empirical, it certainly has the earmarks of being both rational and effective. "The proof of the pudding is in the eating thereof." Try it out and be convinced.

The Utah State Dental Society wants to entertain all dentists who visit Salt Lake or Ogden on the way to the Pan-Pacific Dental Congress or Exposition this summer. The chairman of the entertainment committee is Dr. Earl G. Van Law, 915 Walker Bank Bldg., Salt Lake City, and he asks to be notified of your arrival and promises to make the visit most pleasant and profitable.

STERILIZING THE TOOTH BRUSH

A. T. LANDERS, D.D.S., Tuskegee Inst., Ala.

The tooth-brush may not be perfect, but it is the best we have and when properly selected, it does its work well. The author tells us how to keep the tooth-brush sterile.

I have read and reread the article published in the March number of ORAL HYGIENE (Vol. 5, No. 3) from the pen of Dr. Bernard Feldman on "The Menace of the Tooth Brush."

He says a good many things that he has investigated and doubtless knows. I am not denouncing his findings but seeking to make a suggestion to save the "Tooth Brush" that has done so much good work.

Time and again I have heard it said: "It is impossible to sterilize the oral cavity." Since this is true then why not make it possible to sterilize the brush?

I have recommended three manufacturers' products and made suggestions to patients as to how they may keep the brush in a sanitary condition.

The suggestion is: take a glass tumbler, put brush in same with bristles downward and suspend the bristles by balancing the brush against the side of the tumbler and leave the handle pointing out. Put in a 50 per cent. solution of lysol. Let the brush remain in the solution one-half day. You will find sediment in the bottom of the tumbler. Remove the brush and shake out the solution from the bristles.

An ordinary pick used for teeth will serve, too, as an instrument, to pass through the bristles that run two ways and remove the sediment that has lodged on the back where the bristles are fastened. Now get a bowl of tepid water and shake the brush in same. Next saturate the bristles with full strength peroxide of hydrogen. You will notice a large amount of foaming. When the drug has exhausted wash out the bristles and repeat several times. The brush may now be put in the window where it can be exposed to sunlight and allowed to dry. A quart size fruit jar may be used as a sterilizer. Select a good, clean jar with a new rubber ring to make the jar air-tight. A small flat glass, one-ply, may be fitted to go into the jar at the largest part of the opening. This will not rest on the bottom but will be suspended. The length of the flat piece of glass can extend from the bottom to a point where the cap can be easily screwed on. A small board the width of which is no larger than the diameter of the jar, and the length of the jar, can be attached to the same. Tin strips can be used to bind the jar to the board to prevent movement of the jar when in

use. Put a small dish under the flat piece of glass inside the jar containing a small piece of borax and a table-spoon of 37 per cent. liquor formaldehyde. Lay the brush on top of flat glass in the jar and screw on the top.

*A one per cent. solution of formaldehyde will kill all pathogenic spores within an hour when exposed to the gas.

When the brush is removed from the jar containing the formalin gas, rinse with water before using as formaldehyde is intensely irritant to mucous membranes.

*Reference Therapeutics, Materia Medica and Pharmacy (12 edition), page 286, Sam'l O. L. Potter, A.M., M.D., M. R. C. P. Land.

CORRESPONDENCE

Editor *Oral Hygiene*:—

In the recent article by L. Geo. Beerbower, D.D.S., of Terra Alta, W. Va., you spoke about hearing what others thought of advertising, so here goes.

As you no doubt know the Oklahoma State Society have an annual Post Graduate course of five days, and it has been pronounced a great success, but in my mind it is not teaching what the dentists need most.

At no time have I ever heard mentioned this very much needed publicity, or the business side of dentistry. Most men go to such meetings trying to increase their efficiency, then go back home to put into practice what they have learned, but cut their neighbor's throat in regard to fees.

The Dental Societies complain because they cannot have all the dentists attend these meetings and take part; In my opinion there is only one way to reach them all, and that is through the

pocketbook; our societies should assess all members, creating a publicity fund with which to pay the printer for his space, for we cannot expect this publicity for nothing. If we could be united in this all over the country, we would soon convince intelligent readers that it pays to have GOOD DENTISTRY instead of CHEAP DENTISTRY. Just a few short months of this treatment and the "Onion Painless Dental Parlors" would disappear.

Most of our ethical men have never taken the time to find what a given piece of work costs. They just guess at the fee; this in itself works a hardship on other dentists in the vicinity, because they know (or should) the cost exactly and know he is losing at such small fees. If we expect to raise the standard of our profession we must have fees in proportion, so that we can do our very best on each and every case. We are not so apt to do this if we know that the man next door is cutting the fees.

What we should have the public know is the value of **GOOD DENTISTRY** regardless of price, and that they should expect to pay a good price, for good service.

We are spending lots of valuable time and money, and the "Painless Dentist" is getting more than their share of the business, and in nearly every case the patients lose their confidence in all dentists. I have had two inquiries

lately from patients regarding Dr. Willard and his Pyorrhea treatment; this is only mentioned to show the power of publicity.

You may publish this if you see fit, to show that the up-to-date dentist must have sound business principles or be classed among the "has beens."

Yours very respectfully,
C. E. BERKSHIRE, D.D.S.
Fairview, Okla.

Editor *Oral Hygiene*:—

The Metropolitan Life Insurance Company of New York has established a dental clinic in its home office, 1 Madison Avenue, New York City. Prophylactic treatment and examination will be given to those employees who wish to take advantage of this offer.

Some 2600 have already expressed their intention of availing themselves of this opportunity. To meet this demand five chairs are being installed with five operators and four assistants. Charts have been designed for recording the condition found and provision made for recording, when necessary, the previous health record which can be copied from the medical record.

There is also space provided for the results of radiographic bacteriological and saliva tests.

Those cases that are found

to need operative dental work will be provided with a slip showing the teeth requiring attention, and be referred to their own dentist for this work with the request to report back to the dental clinic as soon as the work is completed. In this way it is hoped to keep the employee in good dental condition as prophylactic treatment and examination will be made twice a year.

It is expected that valuable data will be secured showing an improvement in the health and efficiency of those who receive this dental attention.

I am enclosing one of the charts to be used in recording the condition of the mouth, and one of the slips will be given to those employees whose mouths show further attention needed.

Yours sincerely,
THADDEUS P. HYATT, D.D.S.
Dental Director.

-:- EDITORIAL -:-

WM. W. BELCHER, D.D.S., EDITOR
186 Alexander Street, Rochester, N.Y.

ORAL HYGIENE does not publish Society Announcements, Obituaries, Personals or Book Reviews. This policy is made necessary by the limited size and wide circulation of the magazine. -:- -:-

AN IMPORTANT DOCUMENT

On another page of this issue, we present the report of the tabulating committee of the National Association of Dental Faculties. This committee was composed of Dr. H. E. Friesell, chairman, and Drs. H. L. Banzhaf and E. A. Johnston. The report and its findings was submitted at the thirty-first annual meeting, held at Buffalo, N. Y., January 26, 1914. Undoubtedly it was a most potent factor in deciding to extend the dental college course to four years, commencing 1916-17.

One thing stands out to the eternal credit of this report and should not be overlooked. The Faculties Association appointed this tabulating committee who conducted the investigation at considerable labor and expense. There are two associations of teachers in our dental schools. The National Dental Faculties Association composed of thirty-six dental schools, and the Dental Faculties Association of American Universities embracing seven schools. The latter has been clamoring a number of years for an investigation by The Carnegie Foundation, which threw a bomb into the medical world a few years ago, with a scathing report as to the condition of the American medical schools, and in conjunction with the committee appointed by the American Medical Association, have graded and standardized medical educational institutions as outlined in a previous editorial.

The total number of dental schools in the United States at the present time is fifty-nine, one additional school having opened its doors since the publication of this report. Of these, forty-three are members of the two Faculties Associations, leaving seventeen who are not represented. Of these, two are in Canada, six in the West and nine in the South.

We have over one-half as many schools as the medical profession, who figure they have about twice the number they need to do the best work. The total number of graduates in 1913, was 2,102, of whom 1,547 presented themselves for examination before the state examining boards. Of this number 1,310 passed and 237 failed, a percentage of 15.3 who could not make good.

What became of the 555 graduates who did not present themselves for examination? A part of these already held degrees and were taking post graduate work, a larger number were foreign students, also a small number of examining boards failed to respond. One institution with a total enrollment of 588 students had 105 from foreign countries; another with a registration near 200, had a large percentage. This would only be true of half a dozen schools. The foreign student attendance is dependent, in a large degree, on location, reputation and advertising. A dental school located in the far west may present a superior course and low fees, but if its requirements are of high standard, it will not even educate the majority of students covered by its territory who go to the college of lower standard. Such a school must be content to build for the future. But there must be a large number of graduates in our dental schools who do not enter practice; it would be an interesting study to follow up this line of inquiry. It has been said that we need approximately 2,000 graduates each year to adequately supply the need of dentists in the United States, and if this be true, the number at present is below the actual needs. Certainly we have a sufficient number of schools, many of which are poorly attended and unable to pay expenses. The number of graduates varied from 2 to 148 per institution. There is a great difference in fees; varying from \$200 per year for the highest to \$50 for the lowest. The college requiring the smallest fees stands at the highest rank, and it would seem that it costs less to secure a good education than a poor one; simply a matter of selecting the school and ability to measure up to the entrance requirements. Two dental schools give their lectures in the evening.

The number of instructors and professors vary greatly. In one school there are 122 listed "professors, instructors, lecturers and assistants," of whom 58 are numbered in the department of operative dentistry. This school has less than 200 students. The other extreme is presented in another institution with a total of nine members in the teaching faculty. Question: How many instructors are necessary in a dental college to best present the teachings of dentistry?

The tabulating committee's report for the years 1910-11-12-13 presents some startling figures. The chairman was un-

able to obtain examiner's reports from the states of California, Idaho, New Jersey, South Dakota, Washington and West Virginia, so of course the results given do not include any who have taken state board examinations in those states.

What percentage of students should be permitted to fail in the state board examinations and entitle the college graduating them to a respectable standing? The percentage of failure is shown to average 14.2 for the four years; it was 15.3 for 1913. The individual college average for the four year period varied from 2.2 per cent. to 100 per cent. Eliminating this school which has discontinued, the next highest is 33.7 per cent., and there are two others in the 33 class. Not noting the record of two discontinued schools in the 1913 report, there are four over 33 per cent., the highest having an average of 38.2 per cent.

Six institutions have an average of 3 per cent. or less for the four years. If six can show this low percentage of failures, why not all? Certain extenuating circumstances may be urged, viz; the total number of graduates to obtain a correct average and the number of states in which they have been examined. A college with students examined in its own state would undoubtedly show up to better advantage in these reports than one with graduates examined in half a dozen.

How large percentage of failures would you grant a dental school to maintain its place and standing as a successful educational institution? I shall not attempt to answer this but leave the question with my readers.

THE BRIDGEPORT SCHOOL DENTAL CLINICS

What is your opinion of the prophylactic work in the Bridgeport, Connecticut schools? I have been asked this question. Frankly, I do not know. However, it is my firm conviction that we have been paying too much attention to reparative work. I must confess as I viewed the decayed teeth in the mouths of many of the children receiving prophylactic treatments, I wanted to treat and fill them and give the child a good chewing equipment. But they were being taught to care for themselves and for the general results expected it was best in the beginning of this work, that any child above the first grade be allowed to shift for himself and the reparative efforts confined to the first grade pupils, if funds were not sufficient to attend to all.

This is a man's way of doing things. He enters on a huge engineering enterprise and builds a Panama Canal; the dirt and disorder is of no account, so long as it does not stick

to him or retard the work in hand. At the end there is a grand clean-up and polish; a temple stands out in all its beauty. A temple built over a sewer, say you? Not so; at the last minute he pulls out the sewer and in its place is nickel plated plumbing; one of the show features.

Woman's way is to clean house as she goes and over Sunday all is neat and tidy. To the man responsible for this uplift and its final results, the decayed teeth are an incident and the child just entering school, who is to figure in the fifth grade at its close, is the "prize baby." The others are to get all the attention possible after the "experimental class" has been attended to.

In the beginning of our interest in the oral hygiene movement, the one thing most desired was the establishment of a free dental dispensary for the treatment of the worthy poor. We had thought to teach prophylaxis and make exhaustive data as to its value in the health of the child and school instruction. Soon the dispensaries were filled with suffering children and the dentist in charge so busy with patients he could not properly care for, the educational work was impossible.

As now conducted, the dental dispensary is a charity and so long as this continues, it can never become popular or accepted as part of the school work as is domestic science or manual training. The prophylactic clinic is ideal, it furnishes services to all and if combined with a small reparative department, it may be all that is needed. At the 1914 meeting of the West Virginia State Dental Society, I read a paper indorsing the prophylactic clinic, but brought into actual contact with all its difficulties, I find myself like unto Peter of the fourteenth chapter of Matthew, lacking in faith and questioning.

Dr. Fones may be all wrong, but he believes that he has solved the problem, and if the authorities of Bridgeport support him, he will prove, or not prove his case in five years' time. A man who has attended every lecture in the several courses offered in the training school for "Dental Hygienists" and who spends his time, money and effort to promulgate his views and put them into execution as he has done, is very much in earnest. Whether or not you believe, you must respect him.

A few of the dentists of Bridgeport have co-operated, and with the help received from outside sources, this is all he has needed. Most of the local dentists are sitting on the fence and waiting to be shown, even as you and I. Old Gordon Graham says, "It's happened pretty often in my time that I've seen a crowd pelt a man with mud, go away, and returning a few months or few years later, and finding him in the same place, throw bouquets at him. But that, mark you, was because first and last he was standing in the right place."

Generally speaking, a man with a new Gospel is bound to be lonesome for a while and has about as much chance of help among his immediate associates as did the young lady of marrying, who was bow-legged and brought up in the same town where she was born.

As the work at Bridgeport becomes closer organized, it will be more efficient. At present the lady hygienists are taking care of eight or ten children a day. These little patients are to receive frequent prophylactic treatments and with the absence of heavy deposit, and quarters with running water and gas supply, it will be possible to make a better showing. This has been true in the dental dispensaries at Rochester. I am sure the amount of work accomplished here is greater than the first year, when everything was new and in a state of evolution and the per capita expense is about one-half.

Prophylactic measures applied to many of our patients in private practice have worked out well and absolutely control decay. Others have not shown such results but all have been benefited. Can four or more prophylactic treatments annually, combined with tooth brush drills, lectures and personal instructions, bring about the results anticipated by Dr. Fones? Whether you believe this or not, it is up to you to do some serious thinking and meanwhile, make the prophylactic feature of your dental dispensary an important factor.

NOTE AND COMMENT

Many chemicals and drugs have advanced in price recently and some of these are of constant use in dentistry. This is due to foreign demands resulting from the war. The advance in the last eight months is as follows:

	1914.	1915.
Balsam of Peru, per pound.....	\$1.40	\$3.50
Morphine, per ounce.....	4.70	5.00
Opium, per pound.....	6.05	7.00
Codeine, per ounce.....	5.50	6.20
Cocaine, per ounce.....	2.60	3.50
Carbolic Acid, per pound.....	.70	1.35
Guncotton, per pound.....	.50	.75
Quicksilver, per flask.....	35.00	75.00
Chloroform, per pound.....	.19	.30
Bromide, per pound.....	.40	.90
Peroxide of Hydrogen, per gross.....	8.10	13.00

A complimentary dinner was tendered Dr. Newell Sill Jenkins by his friends on his return from abroad after fifty years' practice in dentistry. The affair was under the supervision of the New Haven Dental Association and occurred at the Hotel Taft on Saturday evening, May 15, 1915. The dinner was a great success and well attended. Letters and telegrams of regret to the number of over one hundred were received from all parts of the country. Dr. E. S. Gaylord was most active in the arrangements and to him great credit is due for its success.

Antimony is one of the metals to make a spectacular climb in price since the beginning of hostilities. Tin, copper, spelter and others are much higher, but antimony advanced from six cents per pound to forty cents. The use of this metal is to harden the softer metals, such as tin and lead in the manufacture of shrapnel shells, babbitt for machinery, type metal and castings. It is an important constituent of so-called "fusible metals" in dentistry. In its pure state it cannot be employed for any useful purpose owing to its extreme brittleness. Its value in alloying, however, is great, not only because it hardens metal, but because of its low melting point.

The April number of the Boletín De La Unión Pan-Americana issued in Spanish and Portuguese contains an account of the opening of the Forsyth Infirmary, Boston, Mass., with illustrations appearing in Oral Hygiene with full credit for the use of the same.

Tooth-Brush Day is to be observed in New York public schools on May 28th. On that day each pupil will be expected to bring to school his tooth-brush wrapped in clean paper or an envelope, and the faithful teachers will drill about 600,000 or 700,000 boys and girls in the use of the brush. Commenting favorably upon the new "day" and in the interests of parents who should be relieved by the teachers from many annoying duties of the home, the *World* suggests that there might also be a hair-brush day, a shoe-brush day, a clothes-brush day, a hat-brush day, a face-wash day, etc., etc.

Dr. Frederick Keyes, Boston, Mass., as the result of a recent inspection of one of the large state hospitals for the insane of Massachusetts, reports that there were but six tooth brushes for 1,700 persons and that seventy-five per cent. of the women patients were afflicted with pyorrhea. Only two mouths in the whole institution not in need of cleaning; scores of patients are in need of teeth extraction and many in need of artificial teeth. As a result of this report, the trustees of this institution immediately purchased tooth brushes for the patients and are endeavoring to bring about the appointment of a resident dentist who will look after oral conditions at their hospital. It is asserted that conditions in other institutions of this character are on a similar basis and little or no attention is paid to the care of the mouth.

The federal income tax reports for the year 1914 showed that 357,598 persons had incomes of \$3,000 or over. Estimating 20,000 families, about one and one-half per cent. had incomes of more than \$3,000 net. How many of these are dentists? We hear a lot about these \$10 per hour boys but somehow or other they do not figure heavily in the income tax returns.

The new dental law of New Jersey provides for annual registration, with a fee of two dollars. Failure to comply subjects the delinquent to a fine of twenty-five dollars. Paragraph ten reads: "Every association or company of persons, whether incorporated or not, engaged in the practice of dentistry under any association or corporate name, or under any name other than the names of all the individuals composing said association or company, shall cause to be displayed and kept in a conspicuous place, at the entrance to its place of business, the names of each and every person engaged in the practice of dentistry at such place of business, including the members or officers of said association or company, and the employees thereof." Penalty for failure to comply with this provision is one hundred dollars for the first offense and five hundred dollars for second and subsequent violations.

To care for Allies' soldiers wounded in the mouth and face, Temple University has made arrangements to send members of the teaching and clinical staff of its dental department, the Philadelphia Dental College, to the American Ambulance Hospital, Paris. They will be in charge of Dr. S. H. Guilford, dean of the Philadelphia Dental College. Dentists from other cities will be in the party, which will leave New York in June and return in September. Although the hospital in Paris furnishes room and board for those on duty, the Rev. Russell H. Conwell, president of the Temple University, has offered to defray this expense.

The regular annual meeting of the Dental Protective Association was held at the LaSalle Hotel in the city of Chicago, Monday afternoon, December 21, 1914. The secretary reported about eight thousand members on its books, nearly five thousand of whom paid the special assessment in 1900 while over forty-two hundred availed themselves during 1910 to 1912 of the agreement entered into with Dr. Taggart and paid the requisite fifteen dollars.

The secretary further called attention to the statement which he caused to be published in the bulletin of the National Dental Association in the October issue emphasizing the fact that the Dental Protective Association of the United States was still active and had more than \$25,000 in the treasury and was prepared at all times to carry out the purpose of the organization.

The present board of directors were re-elected for the ensuing year, and are as follows: J. G. Reid, J. P. Buckley, D. M. Gallie.

As the direct result of a mouth hygiene campaign instituted by the National Mouth Hygiene Association; Canton, Ohio, is to have a new free dental dispensary for school children. Dr. Wiley, president of the association, came to Canton the latter part of March and addressed several audiences of parents, school children and city employees. In this he received the co-operation of Dr. W. G. Ebersole and Mr. M. Jermain Jones, of the Mouth Hygiene Association. A branch of this organization was organized, and on May 1, 1915, the board of education announced they would appropriate the sum of \$2,500 to establish a dental dispensary. A large part of the equipment was donated and the dispensary will be in operation as soon as it can be installed and two dentists secured to take up the work, one of whom will be in constant attendance. The funds at the command of the board insure suitable recompensation for the operators on half time, and it is expected to get the work in operation before the end of the school term and continue during the vacation period.

The following is taken from the *Dominion Dental Journal*: While examining the teeth of the recruits for the second contingent, very many interesting and odd conditions were found. One of special interest was the case of a recruit who, while over a hundred miles away from the nearest dentist, had broken a central porcelain crown, the post remaining intact in the root. This ingenious chap, with only a small file as an instrument, had carved a crown of perfect shape from the handle of a tooth brush. For retention he had reamed a hole slightly larger than the post and placed a small splinter of wood in it, which swelled on becoming moist and held the crown firmly in place.

Drs. Wm. J. and Charles H. Mayo, of Rochester, Minn., have offered to the University of Minnesota a fund of one million dollars to establish an institution for medical and surgical research, at Rochester, but under the auspices of the university, the course to be pursued by graduates and to lead to a special degree. The faculty of the medical department, by a vote of 39 to 26, have approved the offer.

Word comes to the editor that the Detroit Health Department have been granted the sum of \$30,000 for maintenance of the free dental dispensaries for the coming year. This is indeed good news. Hurrah for Detroit!

Pennsylvania has a new dental law which has been signed by Governor Brumbaugh. It prescribes a four-year course in a dental college as essential before taking the state examination and prohibits fraudulent advertising.

The children of Indianapolis, Ind., schools whose parents are too poor to pay for dental treatment will be taken care of by the Indianapolis Dental College and the municipality will reimburse the school for the same.

West Virginia has a new dental law which forbids the declaration by a dentist that he practices painless dentistry unless he is able to do as he advertises.

American Medicine for April says: "The real reason why there are 300,000 unnecessary deaths every year among our babies is that the fathers cannot make enough money to keep them alive. One in every eight born, is foredoomed to early death for this reason and no other. It is not necessarily straight starvation, but precious near it, as well as deprivation of comforts which are necessities for a baby. If the father makes more than twenty-five dollars a week the death rate of his infants is less than 84 per thousand; if he makes less than ten dollars they die at the rate of over 256. Other things being equal, the more babies per family the more perish early."

The Dallas, Texas, Board of Health has a new member in the person of Dr. Bush Jones, a dentist of that city, who will enter upon his new duties at once. This is the first time in the history of the state that a dentist has been so honored.

The following letter sent out by the Rochester Dental Society soliciting funds to conduct the free dental dispensaries for the coming year is very much to the point and a fine example of good, forceful English:

"Dear Sir: Every dollar you give to the free dental dispensary buys a dollar's worth of health for a needy and deserving Rochester child. Not a cent goes to solicitors or for office expenses. The Rochester Dental Society guarantees economical and efficient management of your contribution. The Rochester Chamber of Commerce has on file the facts of our ten years' endeavors. Call them for information. We have treated the teeth of 11,399 boys and girls and have made them healthier and happier, better students, and more valuable assets to our city.

"We appeal to you for generous support. The more money we receive the more children we can help. It is not charity but justice for our children.

The city of Flint, Michigan, opened a free dental dispensary in April. The board of education and the school nurse have been working for over a year to this end and the dentists of the city have made examinations of the teeth of the pupils and as a result it was decided to establish a free dental dispensary for those unable to pay for dental services. The dispensary will be open Tuesday and Friday mornings and the dentists will donate their time for the first year. Services will be to children whose parents are unable to pay for the same and only after the case has been investigated by the school nurse.



HERE'S A NEW ONE



We want good clean humor for this page and are willing to pay for it. Send me the story that appeals to you as "funny" and if I can use it, you will receive a check on publication—Address EDITOR, 186 Alexander St., Rochester, N. Y.

A recently retired colonel inserted an advertisement in a local weekly paper for a man servant. He received many applications but none suited. At last an Irishman applied for the job and was ushered into his presence. "What I want," said the colonel, "is a useful man, one who can drive a motor, cook, look after the house, clean boots, windows, feed poultry, milk the cow and do a little painting and decorating." "Excuse me," said Murphy, "but what kind of soil do you have here?" "Soil," snapped the colonel, "What's that got to do with it?" "Well," replied Murphy, "I thought if it was clay, I might make a few bricks in my spare time."—A. L., Brooklyn, N. Y.

A farmer who was familiarly known as Bill, went to the city and purchased a number of bulky articles which were shipped in a big wooden box. Meanwhile, he went out to see the sights and the box arrived home before he did. His wife gave one look at the big box and went into hysterics and asked the cause, pointed wildly at a shipping tag, on which was inscribed, "Bill inside."—L. M. L., Brooklyn, N. Y.

A man passing his neighbor's house where they were placing a new roof, asked why he didn't send the old tin roof to the Ford automobile company. "They buy that stuff and pay you a good price for it," said his friend. The owner shipped it to the company and received a communication from them saying that they didn't know what he had hit with his machine, but they would fix it up good as new for \$20.—R. B. M., Solon, Iowa.

A gentleman returned a bridge recently made for his wife and asked the dentist to refund him the purchase price as the lady had died and he was badly in need of the cash. "My good man," said the dentist, "you should have left that bridge in place, for when your wife reaches heaven she will not be able to have another made because I doubt very much if she can find a dentist there."—J. S. B., Shreveport, La.

Little Mary had her teeth cleaned and the dentist was giving her a lecture on cleanliness.

"Now, Mary," said he, "you won't have any more microbes. Do you know what they are?"

"Oh, yes, sir," Mary answered. "Mamma found a big one on the bed this morning."—H. A. R., Chicago, Ill.

A young lady deciding to elope, dressed up in a suit of her father's clothes. She ran away with her young man, and in the papers announcing the fact, in big type on the first page, was the heading: "Flees in father's pants."—A. L. S., Millbrook, N. Y.

Mother's little girl came in from her play to ask a question:

"Have gooseberries any legs?"

"Of course not; why do you ask?" answered her mother.

"Why, then, mother, I've been eatin' caterpillars!"—J. J. M., Lowell, Mass.

An Irishman meeting an acquaintance and noticing his badly discolored eye, asked who gave it to him? "Nobody gave it to me," said Pat, "I had to fight like the devil for it."—J. L. C., Boston, Mass.